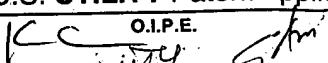


ST. NO.	ISSUE CLASS/TYPE	PATENT NUMBER			
Class	ISSUE CLASS/TYPE				
U.S. UTILITY Patent Application					
 O.I.P.E. SCANNED <i>SMW</i> Q.A. <i>SMW</i>			PATENT DATE <i>10/13/93</i>		
APPLICATION NO.	CONT/PRIOR	CLASS 362	SUBCLASS 514	ART UNIT 2875	EXAMINER <i>Shaw</i>
APPLICANTS Robert E. Crowley					
TITLE Mucosal ablation					
PTO-2040 12/89					

TERMINAL DISCLAIMER	DRAWINGS			CLAIMS ALLOWED	
	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims	Print Claim for O.G.
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.				NOTICE OF ALLOWANCE MAILED	
<input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____ _____ _____				ISSUE FEE	
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